



Martin J. Chavez, Mayor
City of Albuquerque

City of Albuquerque

Parks & Recreation Department

Outdoor Recreation Section

Caving Adventure Registration Form

1801 4th Street NW
Albuquerque, New Mexico 87102
(505) 857-8100



Jay Hart, Director
Parks and Recreation

Caving Class Requirements:

- Must be between the ages of 11 - 17
- Must be able to hike two miles
- Bring your own: drinking water, day or book pack, sunscreen, lunch and snacks
- Dress for the weather (jacket / sweatshirt, raingear, etc.)
- Wear hiking boots or other sturdy shoes
- Complete and return registration form with \$10.00 check or money order payable to City of Albuquerque

**FILL OUT ALL
FORMS
COMPLETELY!**
Return to: 1801 4th St
NW 87102-1425

Caving Class Date(s): Please mark which class you would like to attend

- ☐ June 12th Junction Cave (**Beginning**)
- ☐ July 9th Junction Cave (**Beginning**)
- ☐ July 16th 4 Windows Cave (**Intermediate**)
- ☐ August 6th Diablo Cave (**Intermediate**)

Class Times:

- 8:15AM to 4:30PM** June 12th Junction Cave (Beginning)
- 8:15AM to 4:30PM** July 9th Junction Cave (Beginning)
- 7:45AM to 5:00PM** July 16th 4 Windows Cave (Intermediate)
- 7:45AM to 5:00PM** August 6th Diablo Cave (Intermediate)

All trips meet at Parks and Recreation Administration Building at 1801 4th St. NW

Directions to Parks and Recreation Administration Building: From I-40, exit 6th Street, go SOUTH. Turn left on Haines, then right on 4th. Drive SOUTH on 4th Street, past the railroad tracks. Turn RIGHT into the driveway just past the black wrought iron fence - before the City of Albuquerque gas pumps. If you drive past Aspen Street, you have gone too far. The Outdoor Recreation Administration Building is a one-story, sand-colored, brick building with a large, two-story mural next to Fourth Street.

PARTICIPANT INFORMATION (To be completed by participant / parent / guardian)

Name _____
First Middle Initial Last

Address _____
Street Apt. # City Zip Code

Home Phone Number _____ Cell Phone/ Pager Number _____

E-Mail Address _____

Participant Age _____ Participant Birthdate _____ Male _____ Female _____

Participant's School _____ Grade _____

Lives with: Mother _____ Father _____ Guardian _____ Other (specify) _____

Parent/Guardian Name: _____

Parent/Guardian Telephone Numbers: _____
Cell Phone Work Phone

EMERGENCY CONTACT INFORMATION

In case of emergency contact:

(1) _____
Name Relationship Phone Number

(2) _____
Name Relationship Phone Number

DISABILITY INFORMATION

Please place a check next to each disability that applies to the participant.

_____ Autism _____ Attention Deficit Disorder _____ Behavior Disorder

_____ Cerebral Palsy _____ Down's Syndrome _____ Head Injury

_____ Hearing Impaired _____ Learning Disability _____ Vision Impaired

_____ Moderate Mental Retardation _____ Mild Mental Retardation

_____ Other

If you checked "Other", please provide additional information on any disabling condition not listed.

Other: _____

SIGNATURE INFORMATION

Parent /Guardian signature _____ Date: _____



NOTICE: If you have a disability and require special assistance to participate in this event, contact Outdoor Recreation at least one week before the event, (505) 768-5328 (Voice/Relay)